

Director's Signature: _____

Program / Area: Drug Analysis Lab Amherst, Page 1 of 1

Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

Supervisors must initial the timesheet at the end of the week to confirm COM or OT hours for their staff.

Week Ending: _____

Employee Name:		Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Farak, Sonja	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Hanchett, James	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Pontes, Rebecca	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														
Salem, Sharon	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
	Exceptions or Comments Indicate type and amount														